

## HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

August 23, 2007

Bart Larsen, Administrator Mount Vernon - Potomac Investments, LLC 3620 Potomac Way Idaho Falls, ID 83404

License #: RC-788

Dear Mr. Larsen:

On July 13, 2007, a complaint investigation, state licensure survey was conducted at Mount Vernon - Potomac Investments, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sydnie Braithwaite, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

SYDNIE BRAITHWAITE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

SB/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

FORM APPROVED **Bureau of Facility Standards** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 07/13/2007 13R788 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3620 POTOMAC WAY** MOUNT VERNON - POTOMAC INVESTMENTS, **IDAHO FALLS, ID 83404** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES II) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey and complaint investigation conducted at your facility. The surveyors conducting the standard health care survey and complaint investigation were: Sydnie Braithwaite, RN **Team Coordinator** Health Facility Surveyor Polly Watt-Geier, MSW Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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## DEPARTMENT EALTH & WE

C.1. "BUTCH" OTTER -- Governor RICHARD M. ARMSTRONG - Director LESUE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

July 20, 2007

Bart Larsen, Administrator Mount Vernon - Potomac Investments, LLC 3620 Potomac Way Idaho Falls, ID 83404

Dear Mr. Larsen:

On July 13, 2007, a complaint investigation survey was conducted at Mount Vernon - Potomac Investments, LLC. The survey was conducted by Sydnie Braithwaite, RN and Polly Watt-Geier, MSW. This report outlines the findings of our investigation.

## **Complaint # ID00002687**

Allegation #1:

The facility did not notify the Licensing and Survey Agency of a reportable incident.

Findings:

Reviewed an Incident Report on July 12, 2007 that was written on February 11, 2007. It described an incident involving a resident. There was no documentation that the Licensing and Survey Agency was notified. The administrator was interviewed on July 12, 2007 about this particular incident; he confirmed that the Licensing and Survey Agency had not been notified.

Conclusion:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for failure to notify the Licensing and Survey Agency of a reportable incident. The facility was required to submit evidence of resolution within 30 days.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies and/or Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

SYDNE BRAITHWAITE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

SB/sc

c:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



## BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

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Facility Name		Physical Address	Phone Number		
Mount Vernon Administrator		3620 Potomac Way	(208) 528 - 0467		
Administrator		£ 4 DTV	ZIP Code	········	
Bart Larsen Survey Team Leader		Idaho Falls Survey Type	83404		
Survey Team Leader		1 (	Survey Date		
Sydnie Braithwate		Standard Survey (Complaint Tourst	7/13/0	T C	
NON-CÔRE ISSUES					
ITEM RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE
1 305.01	The facility RN did not a	ssess Resident #1 or Room #11's ability	<i>t</i> o		
·	Safely use a side rail to	re-position.			
2 350.07	The facility did not notif	The licensing and survey agence	y when		
	Resident #1 sustained	an injury			
3 600.06.6	Resident # 1 sustained an injury.  A caregiver who worked alone on the night shift did not have current				101019
	CPR certification.	<u> </u>			
4 (25.0)	A careaiver who worked	alone on the night shift did not !	na u.e.		
	documented evidence of	the 16 hours of initial orientation	<u> </u>		10 NO. 10
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1 1	Signature of Facility Representative			Date Signed	<u>[</u>
8/13/07	1			17/12/0	`~